

**State of Indiana Employee Plan Information**

Name of medical plan : Wellness Consumer Driven Health Plan

Type of medical plan: HDHP with HSA

Plan Year: 1/1/2016 - 12/31/2016

Is the plan fully insured or self insured: Self Insured

**Estimate for 2016**

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	1881	\$ 4,778.28	\$ 8,987,944.68
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	3794	\$ 14,472.12	\$ 54,907,223.28
		<b>Total Employer Plan Cost</b>	<b>\$ 63,895,167.96</b>

Name of medical plan : Consumer Driven Health Plan 1 (CDHP 1)

Type of medical plan: HDHP with HSA

Plan Year: 1/1/2016 - 12/31/2016

Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	7968	\$ 5,027.88	\$ 40,062,147.84
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	10477	\$ 14,971.32	\$ 156,854,519.64
		<b>Total Employer Plan Cost</b>	<b>\$ 196,916,667.48</b>

Name of medical plan : Consumer Driven Health Plan 2 (CDHP 2)

Type of medical plan: HDHP with HSA

Plan Year: 1/1/2016 - 12/31/2016

Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	674	\$ 5,430.36	\$ 3,660,062.64
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	495	\$ 15,776.28	\$ 7,809,258.60
		<b>Total Employer Plan Cost</b>	<b>\$ 11,469,321.24</b>

Name of medical plan : Traditional PPO

Type of medical plan: PPO

Plan Year: 1/1/2016 - 12/31/2016

Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	305	\$ 6,029.40	\$ 1,838,967.00
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	82	\$ 16,974.36	\$ 1,391,897.52
		<b>Total Employer Plan Cost</b>	<b>\$ 3,230,864.52</b>

1	Total number of health insurance eligible employees including Board members and legal counsel	29,935
2	Are all individuals insured under the state's employee health coverage eligible for the same plans?	Y
2a	If your answer is "N", please explain how your practice comports with IC 20-26-17-5(4)(A).	
3	How many employees receive compensation for electing not to enroll in the group health insurance program?	0
4	What is the annual dollar amount paid to employees that elect not to enroll in the group health insurance program?	\$ -
5	Additional compensation, if any, provided to member(s) to offset the cost of health care coverage?	\$ -
5a	Please provide an explanation of any arrangement	
6	Does the State offer/sponsor an on-site clinic?	Y
6a	If so, is it funded outside the health plan?	N
7	Total number of employees including Board members and legal counsel enrolled in your health plans	25,676
8	Total Employer Contribution to all Health Plans (sum of "Total Employer Plan Cost" from Section 2 for all health plans offered by the State)	\$ 275,512,021.20
9	Total annual employer contributions for all participants to a Health Savings Account (HSA), Health Reimbursement Account (HRA), Medical Flexible Spending Account (FSA), or Active VEBA	\$ 38,637,783.60
10	Total Broker or Benefit Consultant fees paid if they are not included in the premium.	\$ -
11	Sum of line 8-10	\$ 314,149,804.80
12	State's Average Employer Cost Per Employee Per Year (line 11/line 7)	\$ 12,235.15